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1			FOR COURT USE ONLY	
(Rev. 04/18; WDVA Rev. 11/19)  TRANSCRIPT ORDER FORM		DUE DATE:		
Please Read Instructions on Page 2.				
1. REQUESTOR'S	NAME	TELEPHONE NUMBER		
<u>INFORMATION</u> :	Francis Aul	202-857-1713		
DATE OF REQUEST	EMAIL ADDRESS (Transcript will be emailed to this address.)			
7/22/24	faul@mcguirewoods.com			
MAILING ADDRESS		CITY, STATE, ZIP CODE		
888 16th St. N.W., Suite 500		Washington, DC 20006		
2. TRANSCRIPT REQUESTED:	NAME OF COURT REPORTER Karen Dotson			
	OR CHECK HERE IF HEARING WAS RECORDED BY FTR			
CASE NUMBER	CASE NAME	JUDGE'S NAME		
3:22-cv-00049	Doe et al v. Mast et al	Judge Hoppe		
DATE(S) OF PROCEEDING(S)	TYPE OF PROCEEDING(S)	LOCATION OF PROCEEDING		
5/2/24	Telephonic Motion Hearing	Telephonic Hearing		
REQUEST IS FOR: (Select one)	✓ FULL PROCEEDING <u>OR</u> SP	PROCEEDING OR SPECIFIC PORTION(S) (Must specify below)		
SPECIFIC PORTION(S) REQUESTED (If applicable):				
3. <u>SERVICE TURNAROUND CATEGORY REQUESTED</u> :				
(See Page 2 for descriptions of each service turnaround category.)  Ordinary (30-Day)  ✓ Daily				
Ordinary (30-Day)	Dany			
14-Day	Hourly			
Expedited (7-Day)		RealTime		
3-Day				
4. <u>CERTIFICATION</u> : By signing below, I certify that I will pay all charges (deposit plus additional).				
DATE	SIGNATURE			
7/22/24	/s/ Francis Aul			

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to CRC@vawd.uscourts.gov.

Transcript Fee Rates can be found on our website under Standing Orders or by clicking here.

**NOTE**: Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.